



"Ready, Craig" <CReady@wcsr.com> on 11/02/2010 01:19:27 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>  
cc:

Subject: FEC Form 9 - Americans United for Safe Streets

Attached please find an FEC Form 9 submitted on behalf of Americans United for Safe Streets. If you have any questions, please contact me at (410) 545-5842.

Craig Ready  
Paralegal  
**WOMBLE CARLYLE SANDRIDGE & RICE, PLLC**  
250 W. Pratt Street, Suite 1300  
Baltimore, MD 21201

Direct Dial: (410) 545-5842  
Fax: (443) 769-1524  
[cready@wcsr.com](mailto:cready@wcsr.com)

---

IRS CIRCULAR 230 NOTICE: To ensure compliance with requirements imposed by the IRS, we inform you that any U.S. tax advice contained in this communication (or in any attachment) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed in this communication (or in any attachment).

CONFIDENTIALITY NOTICE: This electronic mail transmission may have been sent on behalf of a lawyer. It may contain information that is confidential, privileged, proprietary, or otherwise legally exempt from disclosure. If you are not the intended recipient, you are hereby notified that you are not authorized to read, print, retain, copy or disseminate this message, any part of it, or any attachments. If you have received this message in error, please delete this message and any attachments from your system without reading the content and notify the sender immediately of the inadvertent transmission. There is no intent on the part of the sender to waive any privilege, including the attorney-client privilege, that may attach to this communication. The sender of this electronic mail transmission is not authorized to practice law and all information and materials included herewith are under the supervision of and subject to the review of counsel and should not be relied upon until such review has occurred. Thank you for



your cooperation. Form 9-AUFSS.pdf

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name

Americans United for Safe Streets

(b) Address (number and street) ☐ check if different than previously reported

1440 New York Avenue, NW

(c) City, State and ZIP Code

Washington, DC 20005

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C 30001853

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

10 29 2010

through

11 01 2010

5. (a) Date of Public Distribution(s) 11 01 2010 (b) Communication Title VA-11 Cable & Broadcast

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify:

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No

### 8. Custodian of Records

(a) Name

Eric Lee

(b) Address (number and street)

1440 New York Avenue, NW

(c) City, State and ZIP Code

Washington, DC 20005

(d) Name of Employer or Principal Place of Business

(e) Occupation

Americans United for Safe Streets

Treasurer

9. Total Donations This Statement

100,572.40

10. Total Disbursements/Obligations This Statement

100,572.40

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Eric Lee

SIGNATURE

DATE 11/02/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

**List of Person(s) Sharing/Exercising Control**  
(use additional pages as necessary)

PAGE 2 OF 4

**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(a) Name Eric Lee	(b) Address (number and street) 1440 New York Avenue, NW	(c) City, State and ZIP Code Washington, DC 20005	(d) Name of Employer or Principal Place of Business Americans United for Safe Streets	(e) Occupation Treasurer
<b>B.</b>	(a) Name Michelle Adams	(b) Address (number and street) 1440 New York Avenue, NW	(c) City, State and ZIP Code Washington, DC 20005	(d) Name of Employer or Principal Place of Business Americans United for Safe Streets	(e) Occupation Secretary
<b>C.</b>	(a) Name Richard DeScherer	(b) Address (number and street) 1440 New York Avenue, NW	(c) City, State and ZIP Code Washington, DC 20005	(d) Name of Employer or Principal Place of Business Americans United for Safe Streets	(e) Occupation President
<b>D.</b>	(a) Name	(b) Address (number and street)	(c) City, State and ZIP Code	(d) Name of Employer or Principal Place of Business	(e) Occupation
<b>E.</b>	(a) Name	(b) Address (number and street)	(c) City, State and ZIP Code	(d) Name of Employer or Principal Place of Business	(e) Occupation

**SCHEDULE 9-A**  
**Donation(s) Received**

PAGE 3 OF 4

<p><b>A.</b> Full Name of Donor  Michael R. Bloomberg</p> <p>Mailing Address of Donor  800 Third Ave.</p> <p>City State Zip  New York NY 10022</p>	<p>Date of Receipt  10 12 2010</p> <p>Amount  10057240</p>
<p><b>B.</b> Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p><b>C.</b> Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p><b>D.</b> Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p><b>E.</b> Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) ▶</p> <hr/> <p><b>TOTAL</b> This Period (last page this line number only) ▶  (carry total from last page to Line 9)</p> <p>10057240</p>	

**SCHEDULE 9-B**
**Disbursement(s) Made or Obligation(s)**

PAGE 4 OF 4

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Abar Hutton Media				<b>Date of Disbursement or Obligation</b> 1 0 2 9 2 0 1 0	
<b>Mailing Address of Payee</b> 6190 Grovedale Court Suite 200				<b>Amount</b> 1 0 0 0 0 0 0 0	
<b>City</b> Alexandria	<b>State</b> VA	<b>Zip Code</b> 22310		<b>Communication Date</b> 1 1 0 1 2 0 1 0	
<b>Name of Employer</b> _____				<b>Occupation</b> _____	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Cost of airtime (VA-11 Cable & Broadcast)					
<b>Name of Federal Candidate</b> Keith Fimian		<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> VA <b>District:</b> 11	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> Devine Mulvey				<b>Date of Disbursement or Obligation</b> 1 1 0 1 2 0 1 0	
<b>Mailing Address of Payee</b> 2141 Wisconsin Avenue, NW, Suite H				<b>Amount</b> 5 7 2 4 0	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code</b> 20007		<b>Communication Date</b> 1 1 0 1 2 0 1 0	
<b>Name of Employer</b> _____				<b>Occupation</b> _____	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Cost of ad production (Reema Ad)					
<b>Name of Federal Candidate</b> Keith Fimian		<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> VA <b>District:</b> 11	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> ▶					
<b>TOTAL This Period (last page this line number only)</b> ▶ (carry total from last page to Line 10)					
1 0 0 5 7 2 4 0					

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>11/2/200</i>
<i>JH</i> PREPARER	<i>11/02/200</i> DATE PREPARED